

BUILDING HISTORY FORM Parcel: _____ Address: _____

Plans Examiner: _____ Date: _____

Existing Building Information GIS Tracking Number: _____

C of O date: _____ Orig. Permit Number(s): _____

Building or Complex Name: _____ **SPRINKLER SUBSTITUTIONS**

Code Year: _____ Height Increase _____

Bldg #: _____ Occupancy Separation _____

Stories: _____ Travel Distance _____

Bldg. Sq. Ft.: _____ Story Increase _____

No. of Dwelling Units: _____ Corridor _____

SPRINKLER SYSTEMS _____ Common Path _____

Automatic Sprinkler Required _____ Area Increase _____

Automatic sprinkler Provided _____ Diagonal distance _____

Quick Response Heads Through Out _____ Unlimited Area _____

Quick Response Heads Per Occupancy _____ One Hour Construction _____

Special Conditions: _____

<u>Location</u>	<u>Const.</u> <u>Type</u>	<u>Occupancy</u>	<u>Occupant</u> <u>Load</u>	<u>Square</u> <u>Footage</u>	<u>Non-Sep.</u> <u>Use</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Enter Y-Yes, N-No, or U-Unknown in Sprinkler Systems and Sprinkler Substitutions
Beside Location enter By Floor, By Address, or By Suite
